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Sleep and Stress Management in Enlightenment Literature and

Poetry

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Sleep and Stress Management in Enlightenment Literature and

Poetry

How shall I woo thee, gentle rest,
To a sad mind with cares oppressed?
By what soft means shall I invite
Thy powers into my soul to-night?
Yet, gentle sleep, if thou wilt come,
Such darkness shall prepare the room
As thy own palace overspreads
(Thy palace, stored with peaceful beds)
And silence too shall on thee wait,

Deep, as in the Turkish state;
Whilst still as death I will be found,
My arms by one another bound;
And my dull lids so closed shall be
As if already sealed by thee.
Thus I'll dispose the outward part.
Would I could quiet too my heart! [1, p. 16]

Anne Finch's 'An Invocation to Sleep' (written c.1694) reminds us that, as an essential component of a healthy lifestyle, sleep operates, as do many things, in balance. Sleeping and wakefulness must complement one another: when one is compromised, so is the other. Contemporary science continues to debate why we sleep, and which bodily processes are promoted by rest, but the importance of sleep for a healthy lifestyle has never been in doubt. Finch's poem, taken in its specific context, demonstrates that the 'long' eighteenth century – commonly dated by historians as 1660-1832 (also known as the Enlightenment) – constituted a particular moment in Britain that changed and emphasised the need for the individuals to explore their relationship with sleep and how they took guidance on sleeping as part of a healthy lifestyle. As other period-based articles in this volume reveal, sleep is now understood not a timeless phenomenon that has remained static, but a form of experience that is still embedded in its own time contexts. This article discusses how stress, as we understand it today, was conceptualised by both medics and their patients during the long eighteenth century in line with these new medical models, as well as what implications it had for sleep. We demonstrate how, much like today, reflections on sleep and stress were captured through medical, cultural, and even creative forms of expression.

Though we will employ the term 'stress' for purposes of this article, we do so to simplify the multitude of alternative terminologies employed in the eighteenth century to label illness of the mind that can affect the body. We draw upon these ideas as expressed by practitioners and lay commentators of the period about the changing lifestyle of the fashionable upper ranks of society and, more generally, the literature that surrounded the growing culture of 'sensibility'. Sensibility was an

important medical and social concept underpinned by rising interest in the nervous system in the second part of the century especially. As we will see, while sensibility affected a wider range of issues relating to the self and what it meant to be human in a period of cultural and technological revolution, its relationship with medical theory and perceptions of how external factors affected the inner workings of the body constituted an intricate and highly debated set of medical ideas. Sleep also came under intense scrutiny as the literate public looked to the expanding market of medical print for guidance on how one should live to preserve health and, in some cases, wealth and status. Positioned at a key intersection between the health of body and mind, sleep could not be separated from the state of the nerves, making it a prime target for medical scrutiny. While Samuel Tissot's publications were medical treatises, this was not the only form of medical writing to have been influential during the period.

Among many forms of popular medical information that were available including newspapers, periodicals, almanacs, recipe books, and books of proverbs, poetry, we argue, holds a place of specific importance in communicating ideas about sleep. As Corinna Wagner and Andy Brown explain in *A Body of Work* (2016), their anthology of poetry and medicine, 'poems should be approached as legitimate historical texts' [2, p.5]. That both practitioners and patients were producing work in this literary form, with Wagner and Brown providing a long chronological view with poetry from 1657 through to 2015, suggests that practitioners and the public have been drawn to the structure that poetry provides to express thoughts, observations and even feelings that cannot be shared adequately through other genres. We draw on 'regimen' poetry, as a specific form of verse, which communicated lifestyle advice to wide audiences, thereby performing the important function, as Michelle Faubert

summarises of poetry by medics, of ‘releasing [medical knowledge] from the esoteric realm of academia in which it had been formed’ [3, p. xvii]. We acknowledge here the range of recent studies examining the co-production of knowledge between scientific and literary discourses and the alternative forms of treating disciplinarity to those that we would recognise today. Critics, including Tita Chico, Emily Senior and Courtney Weiss Smith, have highlighted the role literature had to play in developing, expressing and sharing scientific and medical ideas [4, 5, 6]. Following on from these findings, we argue that, because of rapid and irreversible changes to eighteenth-century lifestyle, sleep was increasingly scrutinised as part of the wider management of health and lifestyle in ways that had relevance not only to medical practitioners, or patients suffering from sleep disorders, but also to the public at large, through creative forms of writing. The prevalence of mass print culture, as it accelerated and became more economically cost effective, made for an essential component in this alignment of sleep with ailments of the nerves. Furthermore, using examples from didactic regimen poetry, and other forms of verse, we demonstrate how poetry provides us with valuable insights into the management of sleep and show how, as a literary and medical form, it stimulated the expression of ideas on sleep. As George S. Rousseau postulates, ‘the modern history of science usually assumes that science endows artists with the ideas that they in turn copy, imitate, versify, or paint; but the reality is far more complex’ [7, p. 783]. In discussing sources derived from both medical and creative contexts, we propose that, far from being a passive reflection of the scientific development of the day, poetry was part of the wider co-creation of medical knowledge taking place in eighteenth-century Britain regarding matters of sleep and stress.

The Relationship between Sleep and Stress

Sasha Handley's *Sleep in Early Modern England* (2016) reveals 'the importance of distinct historical ideas and environments in moulding sleep's daily practice' [8, p.8]. Her words indicate that, while sleep has long been the purview of the scientific community in terms of seeking to answer fundamental questions about its relationship to human health, historical and literary studies have much to offer understandings of sleep, and ideas of wellbeing that surround sleeping practices. As A. Roger Ekirch points out, sleep is no longer understood as a unified biological need to be satisfied by a singular compulsion to sleep in a particular way, but rather choices surrounding sleep, such as those relating to timing or environments of sleep, have 'been influenced by numerous circumstances, not least cultural attitudes and technology' [9, p.515]. While it may be tempting to think of such a reference to technology as applying specifically to the twentieth and twenty-first centuries, with much discussion about the impact of the use of electronic devices on sleep quality, the magnitude of technological and lifestyle change during the eighteenth century was significant enough to be a precursor to these ongoing debates [10]. Benjamin Reiss's recent study of historical and contemporary structures of sleep, *Wild Nights* (2017) corroborates the findings of Handley and Ekirch concerning the social construction of sleep, and also challenges contemporary Western practices of sleep as they currently stand. Reiss suggests that options for how we sleep and, as a result, our ability to better the quality of our sleep, are much greater than our own current culture is willing to recognise. He claims that, by acknowledging the diversity of approaches to sleep management of the past, we can question more thoroughly our own narrow definitions of what conditions are required to get a good night's sleep [11]. In methodological terms, we are not able to reconstruct or experience for ourselves first-hand the ways in which historical communities understood and managed their sleep, but we can turn to the documentary evidence that has been

preserved both in manuscript and print to attempt to further our knowledge of how sleep was thought to interact with other matters of health and wellbeing, such as stress. Such documentary evidence can be found within a variety of genres.

Anne Finch herself suffered from what we would now call depression, but which she calls 'Spleen' in her famous 'A Pindaric Ode on the Spleen', written in 1694 after her recovery from a serious bout of illness [12]. Sleep disturbance in the Enlightenment was attributed to a variety of causes, but stress was certainly recognised during the eighteenth century as being problematic to sleep. Stress, at least in Finch's case, steals sleep. Her wish to 'quiet the heart' intrinsically ties the speaker's experience of emotional and mental wellbeing with her inability to benefit from 'gentle rest' [1, p.16]. Eighteenth-century understandings of what we now term 'stress' were under almost constant revaluation in connection with medical theories and experimentation. While this flux of understandings continued, several theories had particular relevance to the way professionals and the public understood health in general terms, before then seeking to address specific symptoms or health concerns. Among these, the Hippocratic model of humoural medicine, and the six Galenic 'non-naturals' continued to influence medical thought, diagnosis and treatment, with both theories resting on the concept of balance to maintain and restore health. Longstanding though it was, common belief in classical humoural theory, described by William MacLehose's article in this edition, was beginning to erode with the introduction of new investigations of the detailed workings of the human body, yet the non-naturals remained an accepted framework for understanding how good health could be ensured.

The interaction between sleep and stress was therefore captured in two of the six 'non-naturals' of health: sleep and waking, and the passions, or emotional wellbeing.

That one non-natural could affect another, as in Finch's case whereby the passions of her 'heart' suppressed her ability to sleep properly, indicates the delicacy of each condition in relation to the others and how, though the non-naturals were distinct areas of lifestyle, there was a clear medical need to consider them as a whole where disease and ill health were concerned.

Nerve Theory

While classical models of medicine remained a constant element of public discussion around the body, the Enlightenment marked a turning point for scientific experimentation, with the rise of empiricism contributing to the reconceptualization of how the body worked. Humoural theory had long posited that the central organ of the body's proper functioning was the stomach, but new theories challenged this view. Galenic models of cardiology had already been questioned by William Harvey in his *De Motu Cordis* (1628) and, as Roy Porter points out, paved the way for Thomas Willis to embark on his own contribution to 'a complete re-thinking of medical theory' [13, p.242]. Best known for his early neurological studies, notably his description of the Circle of Willis, which remains named so in contemporary medical practice, Thomas Willis's *Cerebri anatome* (1664) laid the foundations for the recognition of nerves as a central element of human health, and the brain as the central organ of control.

His ideas influenced philosophers and medics alike, forming the basis for the work of John Locke's famed *Essay Concerning Humane Understanding* (1690), a seminal work which changed the course of how we think about the human mind to the present day, as well as inspiring numerous eighteenth-century medics to act as successors to Willis, working to further nerve theory themselves [14]. As a result, the

nerves became still more important in explaining the maladies and maintenance of body and mind. A series of new, competing, or overlapping, theories abounded, each with a different explanation of how the mind and nerves affected other organs and parts of the body. Though these theories may have disagreed on many aspects of nerve functionality and the ways in which disease was caused by nervous malfunctions, there was a general and popular acceptance of the neurological foundations of sleep regulation, which underpinned a growing sense of the relationship between the conscious and ‘non-conscious’ mind.

As Sasha Handley explains, Cullen in particular followed up Willis’s work by steering the direction of medical theory away from viewing the stomach as the central mechanism of wellbeing [8, p.35]. His explanation of how sleep worked, as a partial functioning of the body, related the need for rest to the nerves, which were controlled by the brain. He explains to readers, ‘we are disposed to believe, that those states of sleep and watching depend on the nature of the nervous fluid itself capable of becoming more or less moveable’ [15, p.101]. Cullen’s beliefs around sleep centred on the idea that the level of activity within the nerves and brain influenced directly whether a person would be likely to fall asleep or not, with less ‘movement’ within the brain and nervous system bringing about the necessary internal conditions for sleep.

Cullen goes into further detail about this reduced activity within the body to allow for rest to take place:

A degree of collapse takes place in the case of natural sleep, when the collapse prevails so far as to suspend very intirely [sic] the exercise of the animal functions; and, though the exercise of the vital and natural continue,

they are considerably weakened. The partial collapse that may take place in the brain discovers itself by the delirium that appears in a state that occurs between sleep and watching; and even in sleep, the collapse with respect to the animal functions takes place more or less intirely; whence the sleep is with or without dreaming, and the dreaming is more or less active. [15, p.105-106].

The extension of this argument, therefore, was that nerves were not only instrumental in facilitating whether sleep could occur, but were also a primary culprit for sufferings related to sleep, and that this in itself was often the result of issues such as ‘overstretched brain fibres’[8, p.35]. When the nerves became disorderly, so did sleep.

Medical Treatments of Sleep Disorder and Stress

One of the consequences of this theoretical shift from humoural to nervous understandings of the body was a change in ideas about stress’s relationship to sleep and treatments. Cullen utilised his own theoretical work in his medical practice and guidance to patients. Conducting much of his work and patient consultations through letters, a plentiful supply of his correspondence survives today, made accessible through Glasgow University and the Royal College of Physicians of Edinburgh’s collaborative digitisation project ‘The Cullen Project: The Consultation Letters of Dr William Cullen (1710-1790) at the Royal College of Physicians of Edinburgh’ [16].

Advising a ‘Mr Thomas Bushby’ on the case of Mrs Bushby, Cullen’s advice reveals that sleep was considered to be a regular part of medical thinking when considering nervous disorders, such as Mrs Bushby’s condition of ‘[lax] sensibility and irritability

and which has already been so long and so often deranged' [16 CUL/1/2/628, 17, p.62-3] . Cullen immediately connects sleep as a possible symptom to the stressed state of the lady's nerves:

I would suppose that for her hysteric complaints and sleepless nights you would have sometimes employd [sic] an Anodyne; and unless you had found that they heated her too much, I would wish to try if they might not obviate those sick fits which have so much distressed her in the night time. But I wish you were upon the spot with her a little time that you might mark more exactly the circumstances of a very changeable state and the effects of medicines. It is a case of weak and disordered constitution that cannot be soon set to rights but upon farther information I shall be very ready to contribute what farther is in my power to relieve her. I am always Dear Doctor very entirely. Yours William Cullen Edinburgh July. 29. 1778 [16. CUL/1/2/628].

His advice guides Mr Bushby towards an 'anodyne' remedy that has possibly been used previously as part of the wider treatment of Mrs Bushby's nervous disorder, as well as careful observation when her symptoms become worse overnight.

In further providing medical advice for a 'Mr. Hamilton of Wishaw' by letter, Cullen dismisses the possibility of long-standing nervous disorder like that experienced by Mrs Bushby, and instead diagnoses shock as a more acute nervous condition, with which he also connects disordered sleep [16, CUL/1/2/628]. He advises:

If Mrs. Hamilton shall be frequently troubled with want of Sleep it will be very proper for her to take sometimes at bed time a quieting dose but instead of Laudanum I advise her to take the paregoric Elixir which is also prescribed

on the paper inclosed. The dose of it may be Sixty or Seventy drops in a little water [16, CUL/1/1/18/13].

While opiates are often associated with nineteenth-century medical cultures and treatment, as the doctor indicates here, they were also used during the eighteenth century, as demonstrated by the inclusion of ‘laudanum and ‘paregoric Elixir’, or camphorated tincture of opium, in his considerations [16, CUL/1/1/18/13]. Cullen does not specify why in this case his preference was so clear for paregoric Elixir over laudanum in the first instance, but both were utilised during the period for their calming and sedative properties.

Regimen and Cultures of Sensibility

Cullen’s reference to ‘sensibility’ indicates, if subtly, that the framing of illness related to the nerves was not limited in its circulation to medical discourse and terminologies. The culture of sensibility and regimen pervaded social interaction and status as well as medicine, particularly among the upper ranks of society [18, 19, 20]. To be a victim of sensibility, or to have sensitive nerves, was considered to be subject to elite breeding, as well as a distinct mark of refinement and gentility. The finer and more responsive an individual’s nerves and constitution were to external stimuli, the more a cultural cachet was accrued. However, social rank was not the only factor believed to determine how fine or sensitive a person’s nerves might be. In a similar manner to humoral theory’s assumption that women were of colder, moister constitutions than men and therefore biologically vulnerable to sleep disruption, nerve theory announced that women had more sensitive nerves. We find this gendered physical model in most, though not all, of Cullen’s most detailed descriptions of sleep in relation to nerves of female patients, such as Mrs Hamilton

and Mrs Bushby, in 'The Cullen Project' database. The particular qualities of women's nerves were also thought to be the main cause of extreme displays of emotion. The capacities of a refined and fragile female nervous system would be overexerted by excessive emotional or physical stimuli.

In addition to seeking solutions to ailments of the nerves and sleep disorders, the Enlightenment also saw an increased focus on regulation of the body as a part of the drive to make the social realm more polite and therefore more civilised in the broadest sense, as has been argued by Norbert Elias in his *The Civilising Process* [21]. Elias's model has been challenged and refined subsequently, most notably by Michel Foucault, but for our purposes we can think of sleep and stress as falling under the remit of physical regulation and the need to optimise the functioning of the body. Regimen was an important aspect of this physical regulation because it advised the ways that one might live one's life in an holistic manner, with body and soul/mind in a symbiotic relationship.

The intellectual focus in the period was very much on the lifestyles of the upper and middling orders – naturally enough, since the access to professional medicine was determined by wealth, but also because theories of sleep had long perceived these orders to bear the weight of greater cares and responsibilities than the lower ranks. The rise in the wealth of the middling sort, including medics themselves, led to a perception that lifestyles were changing and that there was an increase in sleep disorders that were part of the package of nervous disorders, or the 'English Malady', as the famous work by Dr George Cheyne had dubbed it. Cheyne had detailed his own case as he declined into nervous disorder, gained massive amounts of weight, and then cured himself through reform in lifestyle and via his 'milk and seed' diet [22, 23].

The specific problem of sleep in the stressed upper orders was detailed by the Swiss physician, Samuel Auguste David Tissot, in his widely known and translated *An Essay on the Disorders of People of Fashion* (1771). For Tissot, the riches of advanced and polite societies brought diseases of civilization along with them. In some senses, these fashionable diseases of the nervous system were a badge of honour, a sign that Europeans were too advanced for their own good. [24, 25] ‘People of fashion’ meant those of the upper orders, often aristocratic, who were subject to ‘polite’ and ‘civilized’ lifestyles beyond the reach of those without wealth or rank. Clothing might be one aspect of this distinction, but it was merely an outward sign of the complicated mix of factors that resulted in the fashionability of certain people.

In his section on the topics ‘Of Sleep and Watching’, Tissot outlined the problem for the finer-nerved upper orders living in the bustling metropolis as opposed to the (allegedly) thicker-nerved and cloddish peasants toiling in the countryside:

THE influence of the passions principally affects our slumbers; the length of our sleep, its regularity and tranquillity are the strongest appendages of health. If, in this respect, we draw a parallel between the rich and brilliant inhabitants of cities, and those of the fields, we shall find all the advantages in favour of the latter. The hour when he retires to rest, which is that designed by nature, obviously marked for the repose of all animals, and the disposition he is in when he resigns himself up to it, renders it impossible that the sleep of the one should resemble that of the others.

The peasant whose nerves are not agitated by any affection of the soul, or blood inflamed, or stomach labouring with the effects of an erroneous regimen, lays himself down and sleeps ; his slumbers are tranquil and profound; it is difficult

to wake him, but the moment his spirits are recruited, he awakes, he is perfectly easy, fresh, strong, and light [26, p.37].

The 'rich and brilliant inhabitants of cities' are, ironically, at a great disadvantage when it comes to sleep: the country type is keyed into the rhythms of nature in terms of hours of waking and of diet, whereas city folk gorge themselves on rich foreign foods and apparently are assailed by 'affections of the soul', or deleterious 'passions' (emotions) that destroy sleep. But what are these passions and affections that are so bad?

Tissot expands on this point by indicating the very masculine stressors of business and finance, as well as the pleasures of a fashionable lifestyle, that attack sleep:

The man of fashion, disturbed by business, projects, pleasures, disappointments, and the regrets of the day, heated by food and drinks, goes to bed with trembled nerves, agitated pulse, a stomach labouring with the load and acrimony of his food, the vessels full, or juices which inflame them, indisposition, anxiety, the fever accompanies him to bed, and for a long time keeps him waking; if he closes his eyes, his slumbers are short, uneasy, agitating, troubled with frightful dreams, and sudden startings; instead of the labourer's morning briskness, he wakes with palpitations, feverish, languid, dry, his mouth out of order, his urine hot, low spirited, heavy, ill tempered, his strength impaired, his nerves irritated and lax, his blood thick and inflamed; every night reduces his health, and fortifies the seed of some disease [26, p.38].

Later in this essay we will see the 'lean projector', a man obsessed by projects and grand designs, discussed in regimen poetry. Here the city lifestyle crowds in upon the 'man of fashion', although it is important to note that the 'business' might not be

capitalist per se, but the many financial concerns related to his estate in the broadest sense. The combination of social and financial factors, then overloaded by basic physical errors of regimen like a bad diet, and given the final blow by psychological conflicts like the 'regrets of the day' and general 'anxiety', result in disastrous sleep. Stress in sleep manifests itself in a myriad of symptoms, again physical and mental, and with the prospect of deterioration and further disease as the spiral of bad sleep and habits of fashionable lifestyles worsens.

Key amongst the factors in disrupted and dangerous sleep, argues Tissot, are the passions, or the emotions: 'If we only use them in thinking deeply, or strongly agitated, we shall discover how the passions detriment us'. In the case of the person of fashion, or 'the man in high life', the need to keep up with social and personal expectations is a sure route to psychological conflict and sleep deprivation:

The ambition of honour, the love of titles, the desire of possessing such a fortune as luxury renders necessary, are three principles that incessantly animate the man in high life, keeping his soul in continual agitation, which alone would be enough to destroy his health; frequently exposed to a reverse of fortune, to mortifications, to sorrows, to humiliations, to rage, to vexations, which continually embitter his moments; and what aggravates the danger of such distressing impressions, is the necessity he is under to constrain or mask them. [26, p.29].

'Honour', 'titles' and 'luxury' all drive the man of fashion to greater stress, 'continual agitation', and the destruction of his health. The irony is that the effort of disguising his feelings of frustration and depression is the straw that breaks the camel's back.

This stress is very much a social phenomenon, related to the competitive environment in which the fashionable person moves.

Of course men were not the only sufferers: women of the upper orders too suffered from their lifestyles of late-watching, gambling, their finer nerves and so on, but again the class issue is key [12]. We know that the life of a peasant was far from the idyll postulated by Tissot but, for most eighteenth-century theorists, stress was for the upper orders only.

Regimen Poetry: A Guide to Lifestyle

Where did people in the Enlightenment receive advice about sleep and how to manage it? Obvious sources, as we have seen, were medical tomes, self-help manuals, and a variety of individuals related to health care such as doctors, apothecaries, ‘cunning women’ (women seen as having folkloric knowledge of practical medicine and remedies), midwives and so on. Here, however, we examine poetry, and in particular two specific examples of ‘regimen’ poetry, which sought to inculcate ideas about sleep and lifestyle, including how to sleep well and avoid stress. As Patricia Meyer Spacks outlines, Enlightenment ‘[p]oetry aspired to educate, even to reform, both individuals and society at large’ [27, p.7]. Dr John Armstrong states the imperative to educate in a section of his regimen poem that argues against inculcating old wives’ tales into impressionable minds:

What dreams presage, what dangers these or those
 Portend to sanity, tho' prudent seers
 Reveal'd of old, and men of deathless fame;
 We would not to the superstitious mind
 Suggest new throbs, new vanities of fear.

'Tis ours to teach you from the peaceful night

To banish omens, and all restless woes. [28, p. 86, ll. 413-20]

It is our responsibility ('Tis ours') to show the reader of this poem how to sleep without stress, Armstrong avers. In this case, the stress is vain superstition – this is the age of Enlightenment, after all, even if even a cursory analysis shows that Reason is far from dominant in any area of life at this time!

Why poetry? There were several reasons: the first was that poetry was commonly read or at least heard by people of all ranks. True, certain genres of poetry were more difficult than others, and might appeal to different social groups (our two examples here are a case in point), but in an age where there was no internet, television or radio, poetry was an accessible form of entertainment and instruction. Abigail Williams's research into social reading cultures of the eighteenth century reveals how, in addition to exposure through silent, individual reading, members of the public were likely to encounter texts through cultures of orality within the home whether or not they themselves were literate. Verse, as a form tied closely with cultures of orality through its engagement with the rhythms of the spoken word, lent itself well to being read aloud. [29, p.8] As a popular medium of expression, verse conveyed both factual and imaginative content to readers and listeners alike. Dr John Aiken's commentary on Dr John Armstrong's *Art of Preserving Health* stated: 'the preservation of health is, in the first place, a matter of general importance, and therefore interesting to readers of every class', and that the writer of regimen poetry, 'by associating these notions with images addressed to the imagination, [he] may convey them in a more agreeable form; and he may advantageously employ the diction of poetry to give to practical rules an energy and conciseness of expression

which may forcibly imprint them on the memory. This power is, indeed, the principal circumstance which imparts real utility to didactic poetry' [30, p.6, 7-8].

In terms of writing, medical people with a decent education (which was usually classical as well as vernacular) were used to the idea of writing their own poetry. As Sari Altschuler puts it on early American medical development: 'good medical thinking was the product of a well-trained mind, and poetry was an excellent tool for developing one. Poetry also helped train the perceptions that made judgment possible' [31, p.3-4]. The use of poetry as a training tool for medics is a separate issue to an extent, but the habitual writing of poetry by doctors is a feature of the long eighteenth century, and resulted in two very popular regimen poems that engaged with ideas of sleep and stress. These were Dr Edward Baynard's comical *Health, A Poem* (1719), and Dr John Armstrong's *The Art of Preserving Health: A Poem* (1744) [32].

Regimen Poetry – Sleep and Stress

The Georgic genre was a classical poetic genre explicitly dedicated to practical instruction, more usually related to agricultural husbandry, but also seen by medical writers as appropriate for them to deliver messages about health and lifestyle [33]. In his *The Art of Preserving Health: A Poem* (1744), Dr John Armstrong attempted to give health, and indeed stress, the gravitas he felt the topic deserved by adopting Miltonic blank verse: the idiom of *Paradise Lost*, that Christian epic poem of the previous century, was formally flexible enough to deal with the subject matter, and freighted with religious and political significance. Armstrong (1709-1779) was a Scot with a medical degree from the thriving medical school at Edinburgh, but switched his attentions to a literary career when he moved to London in 1732 and mingled

with a loose collection of Scottish literati, who included novelist Tobias Smollett and poet James Thomson. The poem itself was immensely popular with medical professionals and lay public alike, made Armstrong's name, continued to be printed in Britain and America well into the next century, and was translated into Italian (1806, 1824). George Monboddo called it 'the best didactic poem, without dispute, in our language' for its distinctive approach to delivering health instruction, while David Hume was also an admirer [34, vol. 3, p.166]. The poem is divided into four sections corresponding to key non-naturals: Air, Diet, Exercise and the Passions. Armstrong's *Oeconomy of Love* (1736) also brought medicine to a popular audience, audaciously celebrating sexual enjoyment within respectable and health limits.

In *The Art of Preserving Health*, Armstrong took that epic register and applied it to the struggles of men and women with their health and illness, and with their need to sleep, despite the pressures of eighteenth-century lifestyles:

He from the toils
 And troubles of the day to heavier toil
 Retires, whom trembling from the tower that rocks
 Amid the clouds, or Calpe's hideous height,
 The busy daemons hurl, or in the main
 O'erwhelm, or bury struggling under ground [28, p. 85, ll. 399-404].

We do not need to be experts in the specific forms of period poetry to realise that the alliterative 'toils and troubles of the day' result in worse at night – 'heavier toil'. 'Toil', which ends the first line, is given greater emphasis in its repetition at the end of the second and in the triplet of (metrical!) stresses in 'heavier' at the end of the next line

– we are in no doubt that the stresses of the night not only parallel those of the day, but also turn them into the stuff of nightmare. Armstrong is clear in making the link between conscious psychological conflict and its presence in dreams and the consequent disruption of sleep.

The alliterative ‘t’s of ‘toils’, ‘troubles’ and ‘toil’ hammer home the impact of psychological strain on the everyman ‘He’, who ‘Retires’, but to ‘heavier Toil’ rather than refreshing sleep. The position of ‘Retires’ at the start of the line should signal relief, stability and escape from worldly sorrows, but instead launches the would-be sleeper and us, as readers, into a world of confusion and horror that is mimicked in the tangled syntax and imagery of the next few lines. The ambiguous ‘whom’ is in fact the dreamer himself, hurled from a great height, overwhelmed or even buried by the ‘busy daemons’ of sleep disorder. Adam Budd has argued that Armstrong intentionally leads the reader through the emotional and physical experience of illness, physical and mental, via poetic form [35, p.x]. In this way, poetry had a more formal capacity for medical education, and even cure, than prose self-help manuals. Although some still believed in literal demons and witches at this point in history, Armstrong’s use of these demonic figures is clearly metaphorical, and aimed at producing the horrors of sleeplessness in the eighteenth-century reader.

The next lines emphasise the importance of sleep devoid of stress even if one is rich and in the upper ranks of society:

Not all a monarch's luxury the woes
 Can counterpoise, of that most wretched man,
 Whose nights are shaken with the frantic fits

Of wild Orestes; whose delirious brain,
 Stung by the furies, works with poisoned thought:
 While pale and monstrous painting shocks the soul;
 And mangled consciousness bemoans itself
 For ever torn; and chaos floating round [28, p. 85-86, ll. 405-12].

Orestes is a figure from classical literature famed for his descent into madness, tormented by those goddesses of Vengeance, the Furies, for killing his own mother. Armstrong exploits the well-known story and imagery of 'wild Orestes' ('wild' meaning uncontrolled and irrational here) to dramatize the psychological disorder caused by stress on the 'delirious brain', where thought is 'poisoned' and 'frantic fits' of lunacy assail the sleeper's 'mangled consciousness'. The verse whirls and twists as if shredding itself in the last two lines: 'chaos' replaces order and the process of sleep becomes a prolonged torture, just as Orestes himself is tortured for his matricide.

This passage is found in the 'Exercise' section of the poem, and the immediate context of these toils and troubles is the dietary aspect of regimen, in which undigested food can lead to nightmares:

Oppress not nature sinking down to rest
 With feasts too late, too solid, or too full.
 But be the first concoction half-matur'd,
 Ere you to mighty indolence resign
 Your passive faculties [28, p. 85, ll. 395-99].

Prosaic advice perhaps, but nonetheless the racy foreign food of the upper ranks was much bemoaned by eighteenth-century medics and the earlier works of regimen that preceded them. Cheese might give one nightmares, but it was not the only problematic substance.

Dr Edward Baynard's *Health, a poem: Shewing how to procure, preserve, and restore it* (1719) conveys its message in light-hearted manner, with a jaunty verse-form (iambic tetrameter) and an accessible vocabulary. No doubt its popularity was due to its unique ability to deliver wisdom about regimen in the language of the common person, and to reach as wide an audience as possible, unlike the technical presentation of many other types of medical texts. Baynard (b.1641) was educated at the University of Leiden, before arriving in London via a practice in Preston, Lancashire. Unlike Armstrong, he published little else in the way of creative literature, and was otherwise known for his *The History of Cold Bathing* written with Sir John Floyer (1649-1734). Baynard's *Health* went through nine editions between 1719 and 1764, with many reprints within editions, and was gradually displaced by Armstrong's *Art of Preserving Health* in second part of the century. This was the period in which medics were turning to the vernacular, rather than Latin, as a means to express their opinions and to further their careers through profitable publications for the general public rather than a specialist professional constituency [36, p.xi]. Baynard also warns of the dangers of disruption to sleep from a variety of causes. Like Armstrong after him, the digestive process is crucial, beginning with the meal closest to bedtime:

Let *Supper* little be and light;

But none makes always the best Night;

It gives sweet Sleep without a Dream,
Leaves Morning's Mouth sweet, moist, and clean [32, p.4].

Alcohol is particularly problematic:

...For sleeping with a Load of *Wine*,
Does all its *Fumes* within confine;
Which are of dang'rous Consequence,
For *Apoplexies* spring from hence.
Palsies, and *Tremors*, and the rest,
Which mostly Drunkards do infest,
From *Ferments* in the *Body* pent,
Which early rowzing may prevent
For *Gouts*, and *Stone*, and such Diseases
Dwell most where Luxury and Ease is
Such a Tormenter never rages [37, p.19].

The mention of the need to wake early to prevent various diseases of 'Luxury and Ease', the lifestyle of the upper orders in fact, brings us back to Armstrong's repetition of the word 'toil'. 'Toil' can mean not just the burden of overwork, but also be positive in the sense of work (and physical exercise) that brings health rather than nightmares and broken sleep. In this later part, sleep resumes its function of opposing stress and rejuvenating the nervous system as it was then understood:

By toil subdu'd, the Warrior and the Hind
Sleep fast and deep; their active functions soon
With generous streams the subtle tubes supply,

And soon the tonick irritable nerves

Feel the fresh impulse, and awake the soul [28, p.87-8, ll. 444-48].

Here 'active functions' refers to secretions, and the 'tubes' are arteries, while the 'tonic irritable nerves' describes the supposed elasticity of the responsive nerves [35, p.100]. We must also understand the 'soul' as a physical life-force as much as a spiritual entity, although in the period there was an intense debate about the nature of the soul and the relationship of spirit to matter [38, p.121].

Dr Baynard is also keen to broadcast the restorative powers of sleep, both for mind and body:

Late *Watching* does much Injury

To *Nature's* whole Oeconomy;

Impedes, or wholly doth defeat

The making of her Work complete [37, p. 26].

'Late watching' was staying up late, and a staple warning in the regimen manuals:

For all *Secrations* are made best

I'th' quiet state of *Sleep* and *Rest*;

When all the Faculties of th' *Mind*

Are to their (soporal) *Cells* confin'd;

Then [*sic*] all the vital Functions are

('Cause not disturb'd by mental Care)

Each to his Office to repair,

And mend the *Breathes*, and *Decays*,
 Made by Disorder any ways
 In Life's vast *Labyrinth* and *Maze*;
 Which thro' unknown *Maeander* run,
 And circulates to where't begun,
 And restless in its Course, keeps on. [37, p. 27].

According to this logic, the 'vital Functions', sometimes called 'vital spirits', can go about their business of repairing the 'Decays' of the body without the distraction of 'mental Care'. The emphasis here is on the circulation of the blood, which if impeded was thought to result in putridity and disease, wherever that blockage might be in the body.

The importance of work in the regulation of sleep and stress is emphasized in John Armstrong's work and in the earlier and more mechanical (both in terms of medical theory and poetic form) poem by Baynard. In *Health, a poem*, Baynard actually recommends making sleep more difficult in order to overcome slothfulness, which itself can lead to oversleeping and a different form of stress:

Never give way to Sloth and Ease,
 For Laz'ness is a great Disease;
 And when it has Possession got,
 It makes the Man a stupid Sot:
 When Sleep does first desert you, rise;
 Next, wash the Gum from off your *Eyes*:
 Cold Water pure will clear the Sight,

Comfort the Eyes, and keep them bright.
 Indulge not Drowsiness, unless
 It does proceed from Weariness.
 'Thout some Fatigue, there's no sound Sleep,
 'Tis eating without Appetite;
 For those that start in *Sleep*, or shake,
 Find small Refreshment when they wake [37, p. 15-16].

Without tiredness, sleep will be broken, like 'eating without Appetite'. People unlucky enough to 'start' or 'shake' in bad sleep will not be refreshed when they wake up, so it is vital to have exercised enough during the day to bring on proper rest.

Dr Armstrong is still reinforcing this message in his later poem:

The sons of Indolence, with long repose,
 Grow torpid; and, with slowest Lethe drunk,
 Feebly and lingringly return to life,
 Blunt every sense, and powerless every limb. [28, p. 88. ll. 450-53].

Lazy people will sleep so poorly that they will feel drugged when they are awake, while Armstrong exhorts those who actually find sleep too easy (through laziness) to adopt a more drastic practical solution:

Ye, prone to sleep (whom sleeping most annoys)
 On the hard matrass or elastic couch
 Extend your limbs, and wean yourselves from sloth [28, p. 88. ll. 454-7].

For those who do not sleep so easily, like the ambitious (or possibly deluded) man of grand plans for business (or projects), the opposite solution should apply:

Nor grudge the lean projector, of dry brain

And springy nerves, the blandishments of down. [28, p. 88, ll. 457-58].

‘Springy’ nerves are overstretched nerves in this context, and the moisture of the brain is sucked out by the over-activity of obsessive thoughts about the grand designs planned by the ‘lean projector’, whose physical form embodies the draining effect of his lifestyle. For both Armstrong and Baynard, the relationship between sleep and stress is clear, although framed within the contexts of medical theories and social factors in the eighteenth century, even if some of these ideas had their origins within earlier periods. Stress, it should be noted, was a product of both physical and psychological forces: mind and body were interactive, and disorder in one could cause disorder in the other, and vice-versa.

We bring our discussion of Regimen poems to an end by focusing on a topic relevant to an age aspiring to rationality but still very much in thrall to religious and folkloric beliefs (it was not long since that witches had been executed in Britain). Edward Baynard points to a specific issue that could produce sleep disorders in childhood and traumatised children to the extent that their sleep-disrupting fears might persist into adulthood. He warned:

But above all, take special Care

How *Children* you affright and scare

In telling stories of things seen,

Sprite, Daemon, and Hobgoblin;

Hence they'l contract such *Cowardice*,
As ne'er will leave them all their Lives,
And then th' *Idea's* of their Fears
Continued unto riper Years,
Can by no Reason be suppress'd,
But of it they'l be so possess'd,
They'l sweat, and quake, and start and stare,
And meet the Devil ev'ry where [37, p. 24-5].

This is stress of a different sort, but nonetheless pertinent in an age where reason was supposed to be in control of emotion by adulthood (a popular notion that we have inherited post-Enlightenment). This is not to say that people were not religious, but that the 'rational' religion of the Anglican Church was not susceptible to the extremes allegedly witnessed in previous, more superstitious centuries – or at least this is how they were represented by eighteenth-century mainstream religion [38].

Concluding Remarks

For the Enlightenment, the effects of stresses from a variety of directions, including religion, were known to have serious effects on sleep. Moreover, sleep was considered to be fundamental to health by the various medical theories through the 'long' eighteenth century, 1660-1832. We have seen that the classical idea of the 'non-naturals' persisted throughout the century, albeit justified by changing medical-theoretical rationales. The broad shift from the humours, to mechanical-hydraulic

notions of the body, to the prevalence of the nervous system and ‘sensibility’, affected the way sleep and stress were conceived and, partly, led to different treatments, but many cures remained the same. Because those ‘non-naturals’ were aspects of health thought to be within the individual’s control, advice on the kind of lifestyle one should follow to regulate these factors was supplied plentifully through many media, including technical medical works, popular self-help books, and even ‘regimen’ poetry. Stress could be regulated, at least to some extent, via one’s personal regimen, and thus healthy sleep promoted, which in turn reduced stress in a virtuous cycle.

As we have seen, the focus of medical literature was on the lifestyle of the upper orders, which was generally agreed to be ruinous to sleep and health. Popular works of poetry, such as Dr Edward Baynard’s *Health: A Poem*, and – to a lesser extent because the language was more difficult – Dr John Armstrong’s *Art of Preserving Health*, engaged a wider audience with common-sense advice about diet, sleep and waking habits, avoidance of intense emotions, maintaining a correct balance of bodily fluids and temperature, and so on. Poetry had the advantage of being able to enact the woes of sleeplessness and the joys of good sleep in its very form, and to embody the didactic message that prose-works were also trying to convey.

Literary works had a crucial role to play in conveying and constructing medical ideas about sleep and stress to a wide audience, especially in this pre-electronic era. The increasingly wide dissemination of literary and medical works, both geographically and in terms of social rank, was enabled by the rapid expansion of the print and publishing industries through the period – ‘Enlightenment’ here also depended on technological improvements in transport, including better road networks and postal systems. More people than ever before had access to medical advice about how to manage their sleep, their stress, and the relationship between the two.

Ann Finch, Countess of Winchilsea, began this essay with her 'Invocation to Sleep', in which she attempted to achieve 'gentle rest' for her 'sad mind with cares oppressed'. Although we live in very different times, her struggle with stress and sleep seems very familiar to us in the twenty-first century. Let us conclude with her words about her experience of sleep and stress as expressed in her famous 'Pindaric Ode on the Spleen':

Trembling sometimes thou dost appear,
Dissolv'd into a Panick Fear;
On Sleep intruding dost thy Shadows spread,
Thy gloomy Terrours round the silent Bed,
And croud with boading Dreams the Melancholy Head:
Or, when the Midnight Hour is told,
And drooping Lids thou still dost waking hold,

Thy fond Delusions cheat the Eyes,
Before them antick Spectres dance,
Unusual Fires their pointed Heads advance,
And airy Phantoms rise. (1, p. 248)

The appearance of the Spleen, or what we might now term (very roughly) anxiety and depression, is accompanied by nightmares when Finch does sleep, although it is hard to tell when she is awake or when she is asleep – that liminal state being a core feature of stressed sleep. The content of our dreams and the stressors therein might be different today – we are less concerned with devils and more concerned with secular imagery – but again this all seems very familiar, and enacted in skillful verse that mimics Finch's experience. As in Finch's age, we still struggle to expel the

‘gloomy Terrours’ and ‘Boading Dreams’ crowding in our heads in the small hours. Perhaps, too, we still have something to learn from the regimen poetry and experiences of people living in the eighteenth century.

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